

Revision: HCFA-PM-87-4

MARCH 1987

(BERC)

SUPPLEMENT 2 TO ATTACHMENT 2.2-A

Page 1

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	•	
Territory:	VIRGIN ISLANDS	
	A CONTRACTOR OF THE CONTRACTOR	

A. DEFINITION OF BLINDNESS IN TERMS OF OPHTHALMIC MEASUREMENT

To be eligible for medical assistance under the category of blindness, the applicant or recipient must be blind or have insufficient vision to perform tasks for which sight is essential. These requirements are met if:

(a) Vision is 20/200 or less in the better eye with corrective glasses.

OR

(b) The individual has a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance of no greater than 20 degrees.

*Agency that determines eligibility for coverage.

TN No. 87-1 Supersedes TN No. —

Approval Date APR. 1 4 1988

Effective Date SEP 28 1987

HCFA ID: 2002P/0021P



Revision: HCFA-PM-87-4

HCFA-PM-87-4 MARCH: 1987 (BERC)

SUPPLEMENT 2 TO ATTACHMENT 2.2-A

Page 2

OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory:	VIRGIN ISLANDS	

B. DEFINITION OF PERMANENT AND TOTAL DISABILITY

The State agency's definition of permanently and totally disabled (APTD) is applicable to both categorically needy and medically needy individuals.

Permanent and total disability means that the individual has some physical or mental impairment, disease or loss that substantially precludes the person from engaging in gainful occupations within individual compentence, such as holding a job or performing homemaking tasks. The impairment may be physical or mental, organic of functional, and of such degree as to interfere with the individual's faculties, such as senses, reasoning, mobility, etc. It may exist from birth, be acquired during the lifetime of the individual, or result from an accident. It may be obvious, such as loss of limb, or it may be that it can be revealed only by medical examination. It may exist singly or in combinations, and cannot be revised or corrected.

*Agency that determines eligibility for coverage.

TN No. 87-1 Supersedes TN No.

Approval Date APR. 1 4 1988

Effective Date SEP 2 8 1987

HCFA ID: 2002P/0021P